SWORN STATEMENT		
I,, swear under penalty of perjury under the laws  (Printed Name) of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):		
NAME OF PERSON LISTED ON CERTIFICATE	RELATIONSHI LISTED ON C	
Sworn this day of, 20, at  (State)  (Signature of Requesting Party)  NOTE: IF YOU ARE SUBMITTING THIS REQUEST BY MAIL, YOU MUST HAVE YOUR SWORN STATEMENT NOTARIZED USING THE CERTIFICATE OF ACKNOWLEDGEMENT BELOW:		
Certificate of Acknowledgement		
State of, for the County of, Onbefore me,, (Date)		CAPACITY CLAIMED BY SIGNER
		☐ Individual ☐ Corporate Officer(s) Titles: ☐ Partner(s) ☐ Attorney-in-Fact
Witness my Hand and Official Seal (NOTARY SEAL):		Trustee(s)
s	signature of Notary	☐ Subscribing Witness ☐ Guardian/Conservator
Title or Type of Document	-	Other
Number of Pages (Including this Acknowledgeme Date of Document:		SIGNER IS REPRESENTING: Name of Person(s) or Entity(ies)